## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	15.	middle the ISSUE atent, advice order in Block Doy (a) s	FEE and PUBLIC rs and notification pecifying a new co		· · · · · · · · · · · · · · · · · · ·		
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Lisa A. Haile, Ph.D. Gray Cary Ware & Freidenrich LLP 4365 Executive Drive, Suite 1600 San Diego, CA 92121-2189				Cer	tificate of Mailing or Tran		
buil Diego, Ch 721			Aldon Grif	fis all de s	(Depositor's name) (Signature)		
•		<u> </u>	March 16,	2006	U U (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/777,484	02/05/2001	John H. Griffi			SCRIP1200-1	8867	
TITLE OF INVENTION: NEUROPROTECTIVE, ANTITHROMBOTIC AND ANTI-INFLAMMATORY USES OF ACTIVATED PROTEIN C (APC)							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	Pt	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	03/21/2006	
EXAMINER		ART UNIT	CI	ASS-SUBCLASS			
BUNNER, BRIDGET E		1647		424-094630		•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.    03/21/2006 MAHMED2							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Serions Pagearch Institute  La Lella California 01 FC:2501  700.							
The Scripps Research Institute La Lolla, California 02 FC:1504 03 FC:8001						300.00 30.00	
Please check the appropriate	e assignee category or catego	ries (will not be print	ted on the patent):	☐ Individual ☐ C		roup entity Government	
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_ ` ` `	s (from status indicated above SMALL ENTITY status. See		b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 (	CFR 1.27(g)(2).	
		•	• •		'	ation identified above. the assignee or other party in	
Authorized Signaturo	Sun A	arke			rch 16, 2006	· · · · · · · · · · · · · · · · · · ·	
Typed or printed name _	Lisa A. Haile	, J.D., Ph.	.D	Registration	1 No 38,347	<u> </u>	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							